ERIN RIDGE DENTAL
#110, 975 St Albert Trail, St. Albert, AB T8N 4K6

Dr. Ana Khehra
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Periodontist
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Referral Form

Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Primary Insurance: _____

Policy #: _____ Cert./ID: _____

Subscriber'sName: _____ Subscriber DOB: _____

Primary Insurance: _____

Policy #: _____ Cert./ID: _____

Subscriber'sName: _____ Subscriber DOB: _____

Reason for Consult (please check all that apply:)

- ☐ Complete Periodontal Exam & Treatment
- ☐ Specific Exam & Treatment
- ☐ Crown Lengthening
- ☐ Pocket Reduction
- ☐ Extraction
- ☐ Dental Implants - Straumann
- ☐ Soft Tissue Grafting
- ☐ Bone Grafting
- ☐ Sinus Lift
- ☐ Biopsy/Pathology
- ☐ Alveoloplasty
- ☐ Pre-Orthodontic Periodontal Evaluation
- ☐ Surgically Facilitated Orthodontic Therapy
- ☐ Frenectomy
- ☐ Tooth Exposure
- ☐ Gingivectomy

Radiographs: ☐ Take Radiographs ☐ Radiographs Being Sent ☐ Please Return ☐ Keep in Your Records

Comment: _____

Referrer Name: _____ Referrer Signature: _____

Referrer Address: _____

Office Number: _____ Email: _____